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PTO/SB/17 (19-08)
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Effective on 12/08/2004.		Complete if Known Application Number 10/697,237-Conf. #9024							
Fees pursuant to the Consolidated Appropri									
FEE TRANSMITTAL				October 31, 2003					
For FY 2009				Nobuyuki Nonaka R. E. Mosser					
Applicant claims small entity status. See 37 CFR 1.27		Art Unit 3714							
TOTAL AMOUNT OF PAYMENT	Attorney Docket No. SHO-0045								
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND E	KAMINATION FEES			· · · · · · · · · · · · · · · · · · ·					
· ·				TION FEES					
Application Type Fee (\$	Small Entity Fee (\$) Fee (Small Entity \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)			
Utility 330	165 540		220	110					
Design 220	110 100		140	70					
Plant 220	110 330		170	85					
Reissue 330	165 540		650	325					
Provisional 220	110 (0	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2. EXCESS CLAIM FEES						Small Entity			
Fee Description					Fee (\$)	Fee (\$)			
Each claim over 20 (including Re					52	26			
Each independent claim over 3 (i	ncluding Reissues)				220	110			
Multiple dependent claims					390	195			
Total Claims Extra Claims		Fee Paid (\$)		tiple Depende					
- or HP = HP = highest number of total claims paid for	if creater than 20		Fee (<u>\$)</u>	ee Paid (\$	1			
Indep. Claims Extra Claims		Fee Paid (\$)				_			
- or HP =	x =	001 414 (4)							
HP = highest number of independent claims	paid for, if greater than 3.	7							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
				Fac (\$)	Eag F	Paid (\$)			
Total Sheets Extra Sheet		additional 50 or fractio		Fee (\$)	<u>ree r</u>	Paid (\$)			
- 100 = /50 = (round up to a whole number) x					Fees Paid (\$)				
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 1801 Request for continued examination (RCE) (see 37						130.00 810.00			
SUBMITTED BY									
Signature		Registration No. (Attorney/Agent)	29,211	Telephone	(202) 955	 5-3750			
Name (Print/Type) Carl Schaukowito	h	[[/alloning]v.r.dent/		Date	January 1	4. 2009			

PTO/SB/17 (10-08)
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Effective on 12/08/2	Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Nur	Application Number 10/		0/697,237-Conf. #9024				
│ FEE TRANSI	Filing Date	Filing Date Octob		ober 31, 2003					
For FY 2009		First Named In	1 11 01 11 11 11 11 11 11 11 11 11 11 11		Nobuyuki Nonaka				
FOFF1 20	Examiner Name	Examiner Name R.		R. E. Mosser					
Applicant claims small entity statu	Art Unit	Altonia		3714					
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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
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1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FIL		EARCH FEES		NATION FEES					
Application Type Fee (\$)	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)				
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Design 220	110 10	0 50	140	70					
Plant 220	110 33	0 165	170	85					
Reissue 330	165 54	0 270	650	325					
Provisional 220	110	0 0	0	0					
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Each independent claim over 3 (ir	cluding Reissues)				220 110				
Multiple dependent claims 390 195									
Total Claims Extra Claims	Fee (\$)	Fee Paid (\$)	_	fultiple Depende					
or HP =	x =		<u>Fe</u>	<u>ee (\$)</u> <u>F</u>	ee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20.									
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SUBMITTED BY									
Signature au		Registration No. (Attorney/Agent)	29,211	Telephone	(202) 955-3750				
Name (Print/Type) Carl Schaukowitch				Date	January 14, 2009				